



Buildings

OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

A copy of this completed notice must be retained for re-submission with results.



1 Permit No. 420302596 **Document No.** 01 **Permit Type** (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Queens **Block** 5019 **Lot** 84 **House No** 136-85 **Street Name** 41 Ave
2 Permit Applicant E-Mail: Business Phone (718) 345-7270 Fax No. (718) 345-9303
Last Name Passalacqua First Name michael M.I.J Business Name triboro plumbing and heating
Address 777 E. 96 street City brooklyn State NY ZIP 11236 License No. 1943 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 03/31/11 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts and Floors: Cellar, 01 Fl ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: F/O/B

4 Notice/Result (Select one: PL, SP, SD only)

Systems: Inspections	Plumbing (PL)						Systems: Inspections	Sprinkler (SP)						Systems: Inspections	Standpipe (SD)					
	Underground		Roughing		Finish			Underground		Roughing		Finish			Underground		Roughing		Finish	
	Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results	Notice	Results		Notice	Results	Notice	Results		
Sprinkler - PL							Sprinkler - SP													
Water/Sanitary - PL	☒	☒	☒	☒																
Storm - PL																				
Gas - PL																				
Medical Gas - PL																				
Tests	Notice	Results	Notice	Results	Notice	Results	Tests	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	
Hydrostatic - PL							Hydrostatic - SP													
Water - Sanitary							Dry Pipe Valve													
Pressure - Water							Booster Pump													
Water Storm																				
Gas																				
Medical Gas																				

Gas Tested at psi: ☐ 3 psi ☐ 50 psi ☐ 90 psi ☐ 100 psi

Additional Information/Comments:
☐ Submitted with minor variations, described here:
☐ Legalization ☐ Gas to Gas Appliance Direct Replacement ☐ Remove/Cap ☐ Detention ☐ Drywell/Retention

5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s)) ☐ Gas requested for listed meters and risers
No. of Meters: Location(s) (Floor/Apt.): No. of Risers: Location(s) (Floor/Apt.): ☐ Welded Gas Piping
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: Business Phone (718) 345-7270 Fax No. (718) 345-9303
Last Name Passalacqua First Name Michael M.I.J Business Name Triboro Plumbing and heating corp
Address 777 E. 96 street City Brooklyn State NY ZIP 11236 License No. 1943 ☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.

7 Applicant Statements and Signatures ☐ All Comments resolved, review for sign-off ☐ All required back-up documents attached

I certify the statements herein are correct and comply with the NYC Building code. I meet the requirements of the NYC Building code as they relate to the experience requirements set forth for gas tests. I realize falsification of any statement is a misdemeanor under §28-211.1 of the Administrative code punishable by a fine or imprisonment or both and may result in removal from participation in the self-certification program and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.

Print Name of Certifying Applicant Passalacqua J. Michael	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Passalacqua J. Michael	SEAL
Signature		Signature	
Date: 04/07/2011		Date: 04/07/2011	

Reviewed by: , **Date:** 4/19/11, **Entered by:** , **R.S.O. by:** , **S/O by:**